

Name
in
Full

Hannah M. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Christtown</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>85</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Benj. Ringgold</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Ella Dorsey</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>99</i>	How long
Immediate <i>Pulmonary hemorrhage</i>		How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpkins</i>	
	Address <i>Christtown</i>	
Accident or Suicide? <i>No</i>		

Buried at James McElh
Cemetery -

Name
in
Full

Wesley Kensley Ayers

CERTIFICATE OF DEATH

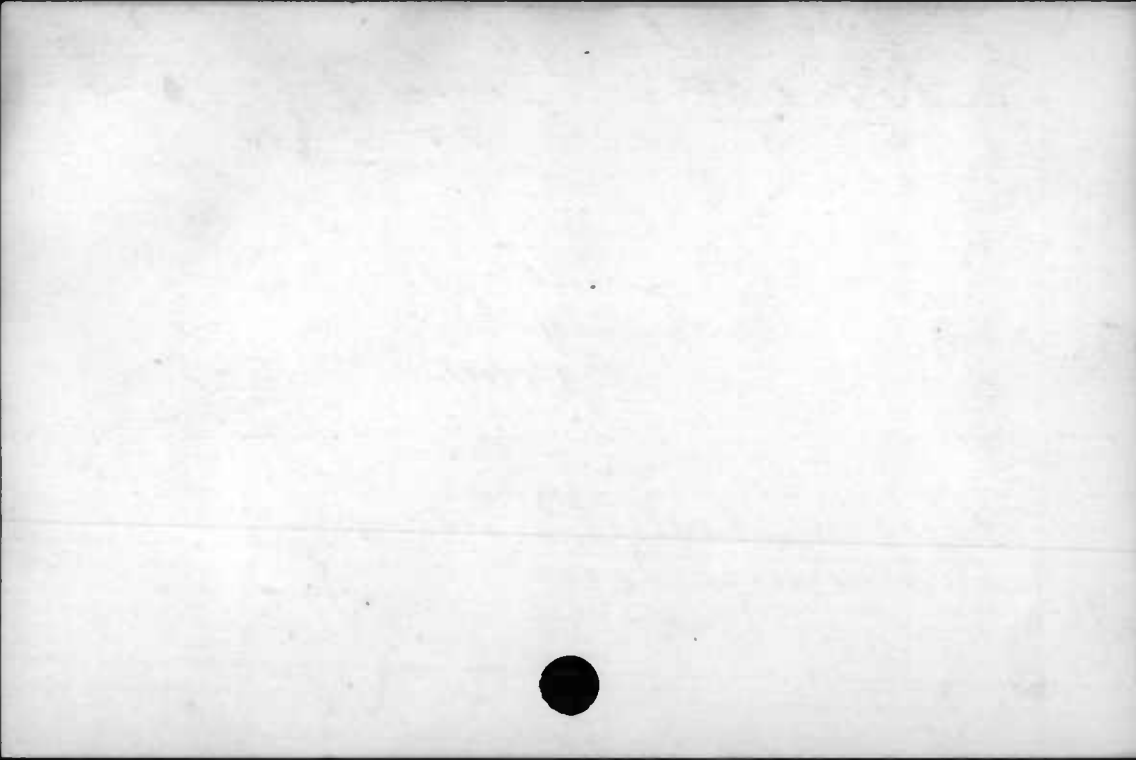
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rock Hall		County Kent		MARYLAND	
Date of death		1905	Month Aug	Day 23	Age	Years 78	Months 3
Sex		Male		Color or Race		White	
Birth-place		Kent Co Md					
Occupation				Where Residing if not at place of death			
Carpenter							
Married, Single or Widowed		Married		Name of Wife or Husband			
				Mary R Kendall			
Father's Name		John Kensley Ayers				Father's Birthplace	
						Maryland	
Mother's Maiden Name		Mary A. Copper				Mother's Birthplace	
						Massachusetts	
Name of person giving information		Jefferson S. Ayers				How related to deceased	
						Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhroid Fever	How long	3 weeks
Immediate	Pneumonia	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S B Oglesby M.D.	
Address		Rock Hall Md	
Accident or Suicide?			



Name
in
Full

Carrie Wells Blackiston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Piney Neck* TownCounty *Kent*

MARYLAND

Date of death *1905 August* MonthDay *19*Age *18* Years

Months

Days *7*Sex *Female*Color or Race *White*Birthplace *Kent Co Md*

Occupation

Where Residing if not
at place of death *"*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*James E Blackiston*Father's
Birthplace*Kent Co Md*Mother's
Maiden Name*Mary H. Hudson*Mother's
Birthplace*Kent Co Md*Name of person giving
Information*Edith H Blackiston*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Tuberculosis Pulmonary

How long

Immediate

Exhaustion

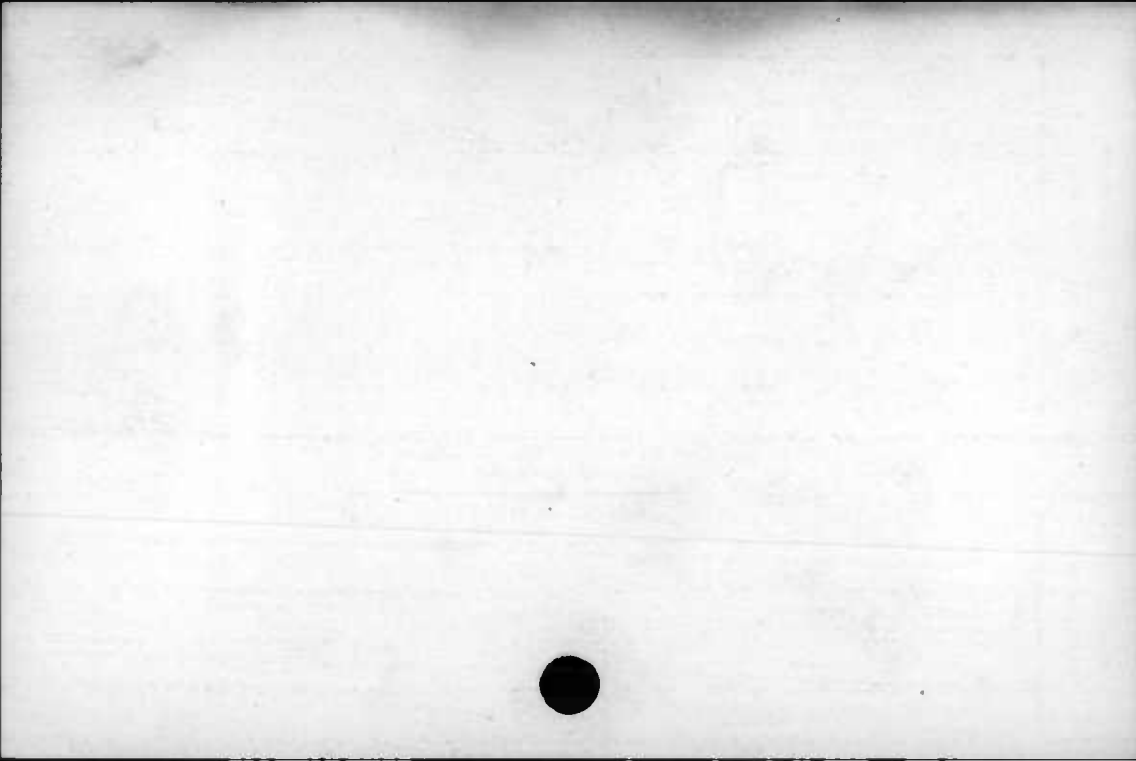
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. H. Brall M.D.*

Address

Rock Hall Md.

Accident or Suicide?



Name
in
Full

"Still Birth"

Boggs (M M)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Kennedysville*^{County} *Kent*Date of death *1905 Aug*

Day

Age

Years

Months

Days

Sex *male*Color or
Race*white*Birth-
place*Kennedysville*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Henry T. Boggs*Father's
Birthplace*Delaware*Mother's
Maiden Name*Lizzie H. Dundas*Mother's
Birthplace*Delaware*Name of person giving
information*Henry T. Boggs*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Still Birth.

How long

9.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*G. Louis Barwick*

Address

*Kennedysville
Md.*~~Accident or Suicide?~~

Kennedyville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mary Boyles</u> <u>Millington</u> ^{Town} <u>Deer</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>8</u>	Day <u>6</u>	Age <u>4 weeks</u> ^{Years} <u>4</u> ^{Months} <u>2</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>md</u>	
Occupation <u></u>		Where Residing if not at place of death <u></u>	
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>	
Father's Name <u>James Boyles</u>		Father's Birthplace <u></u>	
Mother's Maiden Name <u>Ola Roberts</u>		Mother's Birthplace <u>md</u>	
Name of person giving information <u>James Boyles</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN and
OR CORONER

Primary	<u>Accidental suffocation</u>		How long
Immediate	<u>by insane mother</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Dr. W. J. Jacobs</u>	
		Address	
		<u>Millington md</u>	
		<u>Geo. C. Lounsbury & P</u>	
		<u>Millington md</u>	
Accident or Suicide? <u></u>			

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Name
in
Full

Wm Henry Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Millington</i>		County <i>Keokuk</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1905</i>	<i>Aug</i>	<i>29th</i>	<i>68</i>		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Lyndon Brooks</i>				
Father's Name <i>Wm Brooks</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Margaret Brooks</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>One week</i>
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Townner MD</i>
<i>Yes</i>	Address <i>Millington Md</i>
<i>Geo. C. Townsend (just coroner)</i>	
Accident or Suicide?	

And without Physician

Name
in
Full

Richard Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rock Hall*

Town

County

*Kent*Date
of death *1903 Aug-*

Month

Day
24

Age

Years

82

Months

Days

Sex *Male*Color or
Race*Black*Birth-
place*St Marys Co Md*

Occupation

*Laborer*Where Residing if not
at place of death*Rock Hall Md*Married, Single
or Widowed*Widowed*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Hemiplegia

How long

8 days

Immediate

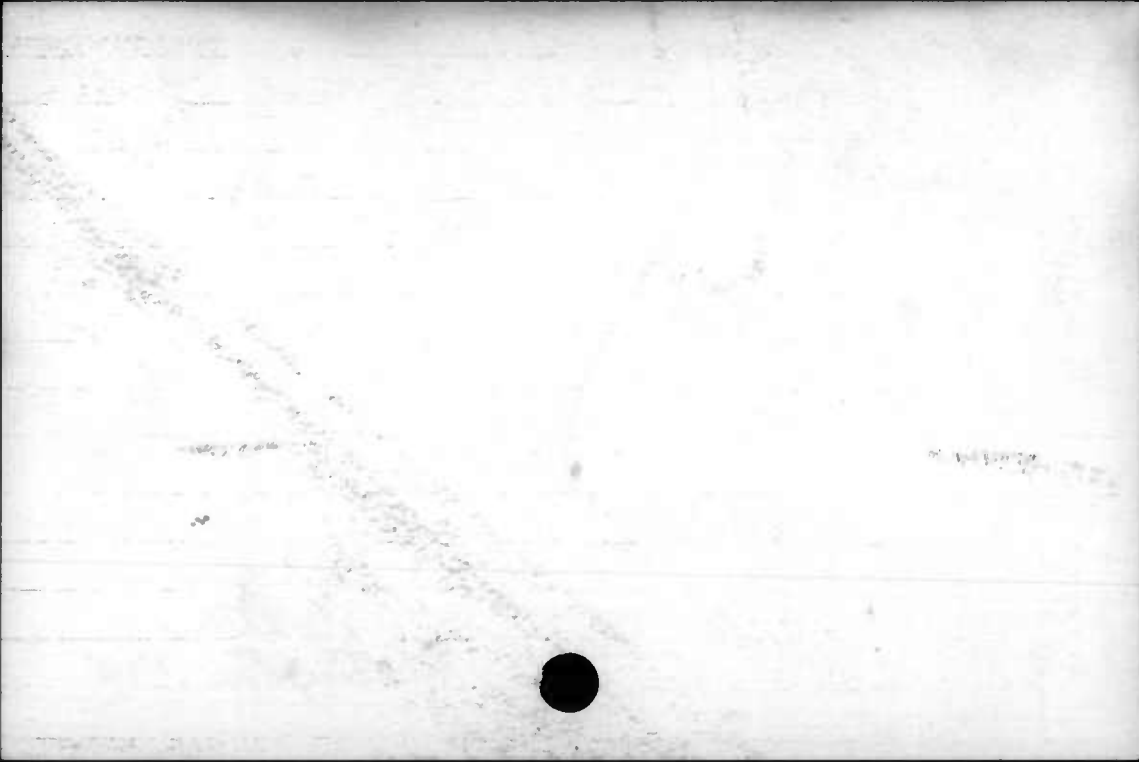
Are the name, age, sex, color, date
and place correctly given above?*as far*Signature of
Physician*Thos B Wilson*

Address

*Edmonthe Kent Co
Maryland*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

George Samuel . Caldwell.

CERTIFICATE OF DEATH

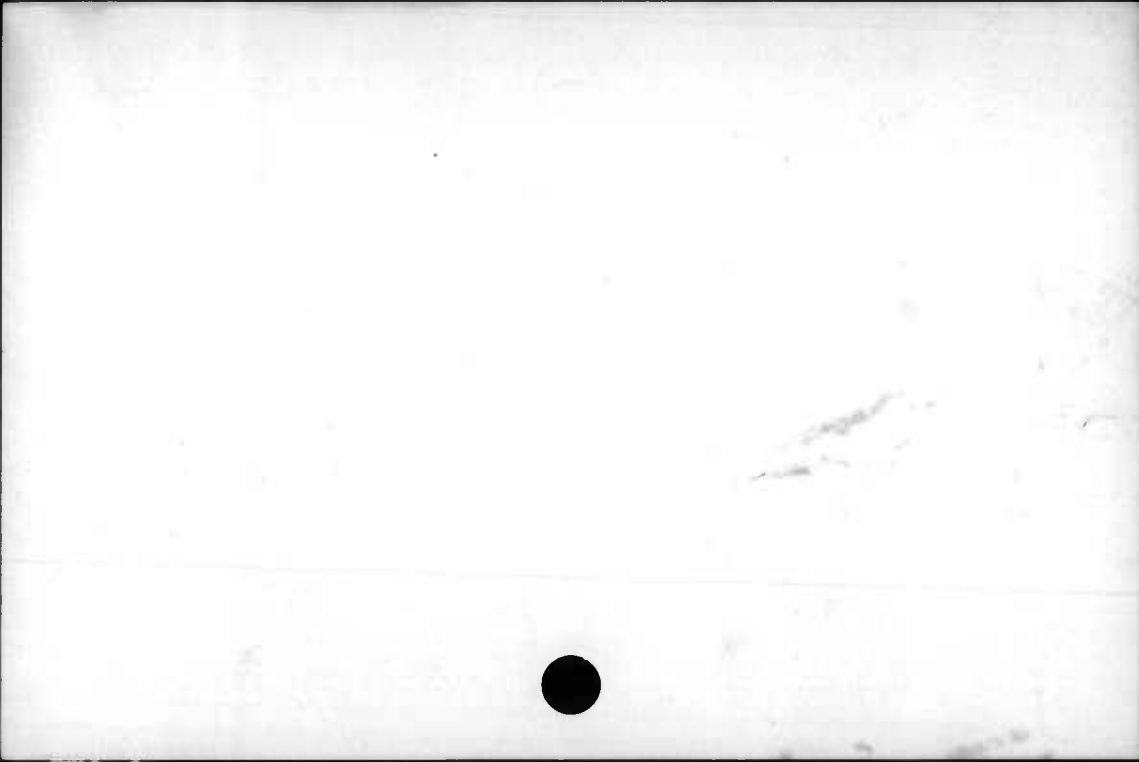
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Galena</i>		County <i>Kent</i>		MARYLAND	
Date of death		Month <i>Aug</i>		Day <i>14</i>		Age <i>Years</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Galena, Md.</i>		Months <i>7</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>George S. Caldwell</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Emma Stradley</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i></i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>4 weeks</i>
Immediate	<i>Convulsions & Enteritis</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. M. Fletcher.</i>	
		Address <i>Wellington, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

Lizzie Corcoran

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1905

Aug

13

Age

76

Sex

Female

Color or
Race

Black

Birth-
place

Occupation

Suburban

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Father's
Name

John Corcoran

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mrs. Keenan

Mother's
Birthplace

Ireland

Name of person giving
In formation

Thomas Corcoran

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cancer - stomach

How long

13 yrs

Immediate

Sp. pneumonia

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. H. Anderson

Address

Charleston, W. Va.

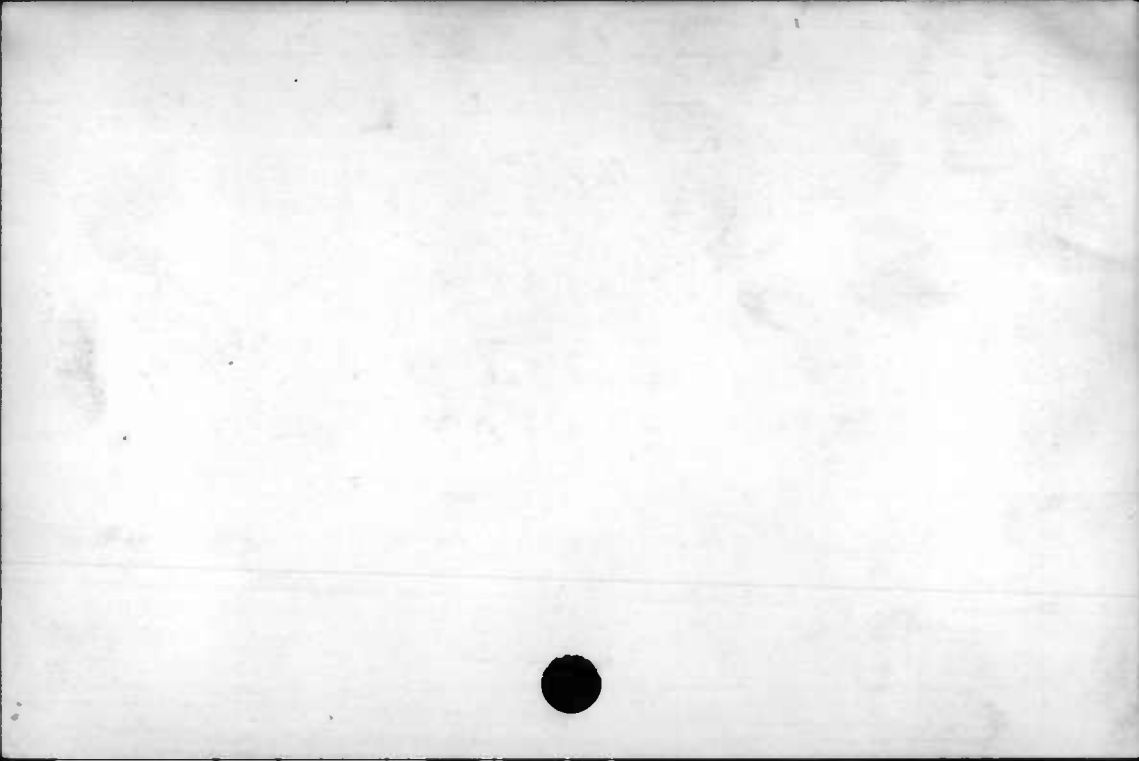
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

In Quaker Quak Cemetery
By J. E. Ferguson, M.D.

Name in Full		CERTIFICATE OF DEATH			
Oscar Sylvester Dorsey		Town Galena		County Kent Co.,	
Died at		MARYLAND			
Date of death		Month August	Day 19th	Age Years	Months 2
Sex male		Color or Race Colored		Birth-place Davis Hill	
Occupation		Where Residing if not at place of death			
Married Single		Name of Wife or Husband			
Father's Name Henry Dorsey		Father's Birthplace Galena			
Mother's Maiden Name Emma Cassell		Mother's Birthplace Davis Hill			
Name of person giving information Lizzie Bradley		How related to deceased Nurse			
CAUSES OF DEATH					
Primary		How long			
Immediate Thrush		How long 100			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John F. Spencer			
		Address Galena, Kent Co., Ind.			
Accident or Suicide?					



Name
in
Full

Wm. Henry Drumm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Maryland</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Aug</u> ^{Month}	<u>14</u> ^{Day}	Age	<u>71</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Cool</u>		Birth-place <u>MD</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>John M. Drumm</u>		Father's Birthplace <u>Kent Island</u>			
Mother's Maiden Name <u>Helen Cotton</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>John M. Drumm</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dyscolitis</u>	How long <u>6 weeks (about)</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician
	Address <u>289 Dimpers Chestertown</u>
Accident or Suicide? <u>No</u>	

Moogre col. cemetery
John N. Dadd
Undertaker.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Elizabeth Andrews*
Tairhe (marty) Kent.
Town CountyDate of death *1905* *Aug.* *16* *Age* *75*
Month DaysSex *Female* Color or Race *White* Birth-place *Kent Co Md*Occupation *Housework* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *John T. Gardner*Father's Name *Richard Hudging* Father's Birthplace *Kent Co Md*
Mother's Maiden Name Mother's BirthplaceName of person giving information *Benj. T. Nicholas* How related to deceased *Son in-law*

CAUSES OF DEATH

Primary *Senile Debility.* *(154)* How long *2 days*
Immediate *exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Frank W. Smith*Address *Tairhe*
*Md.*Accident or Suicide? *—*

In St. Paul's Cemetery
By J. E. Ferguson Undr.

CERTIFICATE OF DEATH

Coleman

Name
in
Full

James Frank Yates Graham

CERTIFICATE OF DEATH

Died at ^{Town} Chestertown

County

Kent

MARYLAND

Date
of death 1905

Month

8

Day

18

Age

Years

1

Months

3

Days

12

Sex

Male

Color or
Race

White

Birth-
place

Chestertown Md

Occupation

—

Where Residing if not
at place of death

Chestertown

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Harry R Graham

Father's
Birthplace

2 A Co Md

Mother's
Maiden Name

Lidie Yates

Mother's
Birthplace

St Mary Co Mo

Name of person giving
information

J. H. R. Graham

How related
to deceased

Father

CAUSES OF DEATH

Primary

Illus - bacillis

How long

2 weeks

Immediate

meningitis

How long

18 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H Frank Shines

Chestertown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

In Saddleville Twp
Anne County -
By J. E. Ferguson, Und.

Name
in
Full

Mary E. Hackett


CERTIFICATE OF DEATH

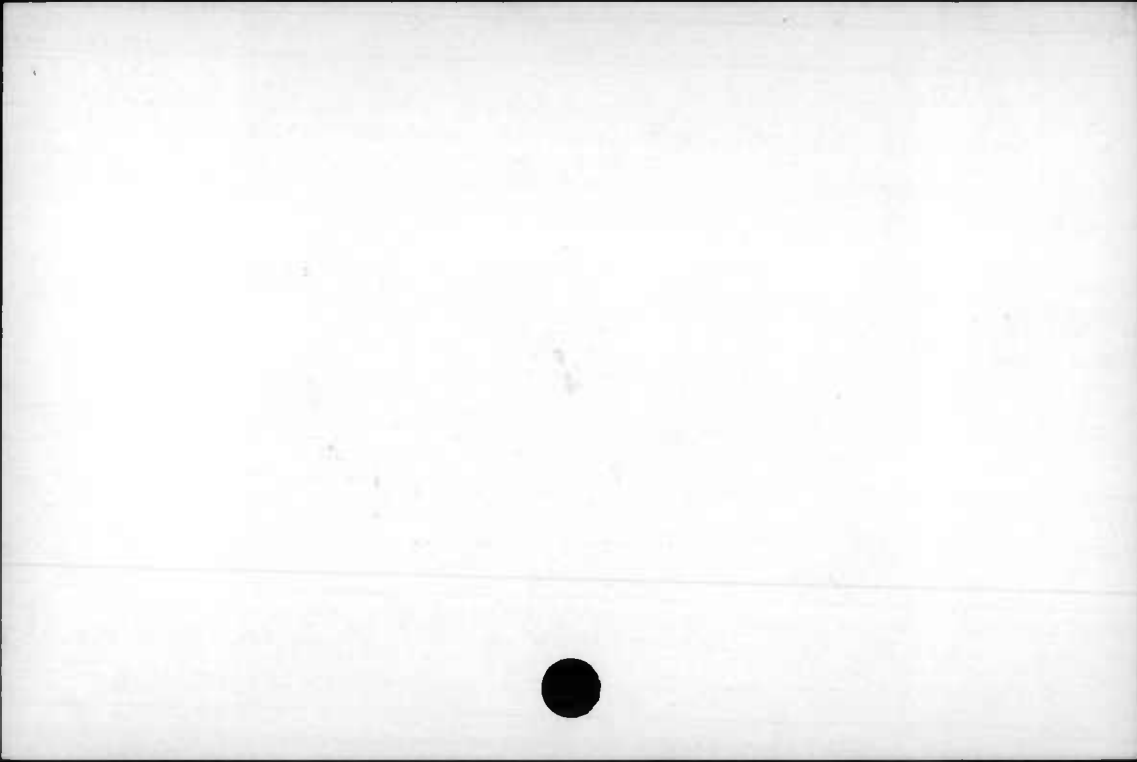
TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond ^{Town}		Hent ^{County}		MARYLAND	
Date of death 1905	Aug ^{Month}	6 ^{Day}	— ^{Years}	4 ^{Months}	3 ^{Days}
Sex female	Color or Race white		Birth-place Ind.		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Willis H. Hackett			Father's Birthplace Ind		
Mother's Maiden Name Alice Dalton			Mother's Birthplace Penn		
Name of person giving information Claude Hackett			How related to deceased bro		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate Convulsions		How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician L. Patwell M.D.	Still Pond Ind.
Accident or Suicide?	Address —	



Name
in
Full

John W Hadaaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town P Omona		County Kent		MARYLAND	
Date of death	1905	Month Aug	Day 5	Age	61	Years	Months 4
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Waterman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Margaret J Hadaaway			
Father's Name	Robt Hadaaway					Father's Birthplace	Md
Mother's Maiden Name	Mary Ryland					Mother's Birthplace	Md
Name of person giving information	Mary Emma Coker					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer	How long	45	Several years
Immediate	Exhaustion	How long		One month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H G Summers	
		Address	Cheestown	
Accident or Suicide?	No		Md	

In Chester Cemetery,
By J. E. Ferguson, Und.

Name
in
Full

Margaret C. Hinson

CERTIFICATE OF DEATH

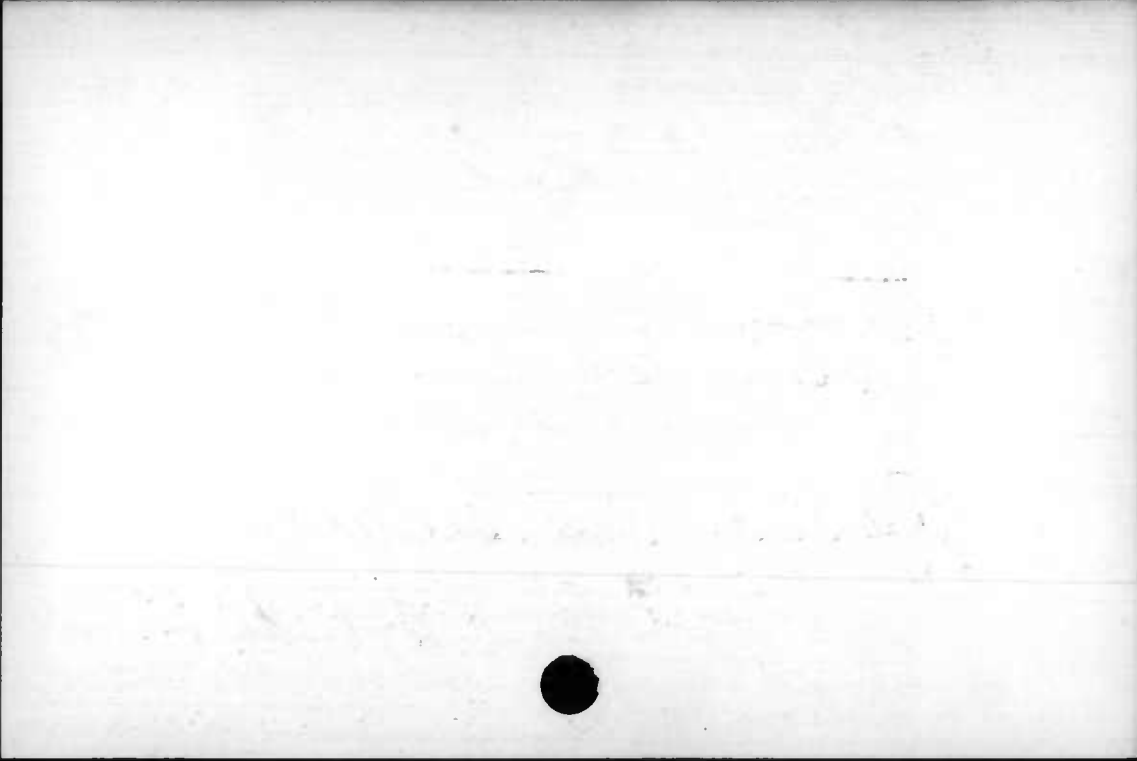
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Millington</i> ^{County} <i>Kent</i>		MARYLAND	
Date of death <i>1905 Aug</i>	Month <i>Aug</i>	Day <i>2nd</i>	Age <i>85</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Kent Co. Md</i>	Months <i>6</i> Days <i>—</i>
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry Hinson</i>	Father's Birthplace <i>Kent Co.</i>		
Mother's Maiden Name <i>Jane Basil</i>	Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Rachel Brooks</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Age.</i>	How long <i>154</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Townsend M.D.</i>
<i>Yes</i>	Address <i>Millington Md.</i>
Accident or Suicide?	<i>Geo. C. Townsend not coroner</i>



Name in Full		Joseph Hodges				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Chester ^{Town}		Kent ^{County}		MARYLAND
	Date of death		1905	Aug ^{Month}	25 ^{Day}	Age	21 ^{Years}
	Sex		Male		Color or Race		Col
	Occupation		Sailor		Birth-place		Ind
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Richard Hodges		Father's Birthplace		Ind
	Mother's Maiden Name		Mary Johnson		Mother's Birthplace		
	Name of person giving information		Mary E Griffin		How related to deceased		Cousin
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Drowned (accidental)			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. S. Dunbar
					Address		Chester town
Accident or Suicide?		Accident					

Barred at Lucken Truck Com
ety.

Name
in
Full

Cara E. Hyland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bitterton</u> Town		<u>Kent</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>22</u>	Age <u>—</u> Years	Months <u>4</u>	Days <u>3</u>
Sex <u>female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edgar Hyland</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Helen Deuroche</u>			Mother's Birthplace <u>U. S.</u>		
Name of person giving information <u>Mr Hyland.</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough.</u>	How long <u>8</u> <input checked="" type="checkbox"/>
Immediate <u>Don't know.</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. S. Maxwell,</u>
	Address <u>Still Pond, Md.</u>
Accident or Suicide?	

J. H. Church.

Name
in
Full

CERTIFICATE OF DEATH

Mildred Jackson

Town

County

MARYLAND

Died at

Caleman

Kent

Date

1905 aug

Month

Day

23

Age

Years

Months

Days

Sex

male

Color or
Race

Black

Birth-
place

md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Mildred Jackson

Father's
Birthplace

md

Mother's
Maiden Name

Bertha Brown

Mother's
Birthplace

md

Name of person giving
information

Henry Brown

How related
to deceased

grandfather

CAUSES OF DEATH

Primary

How long

Immediate

Rickets

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

L. P. Atwell M.D.

Still Pond

md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Union church

Name
in
Full

CERTIFICATE OF DEATH

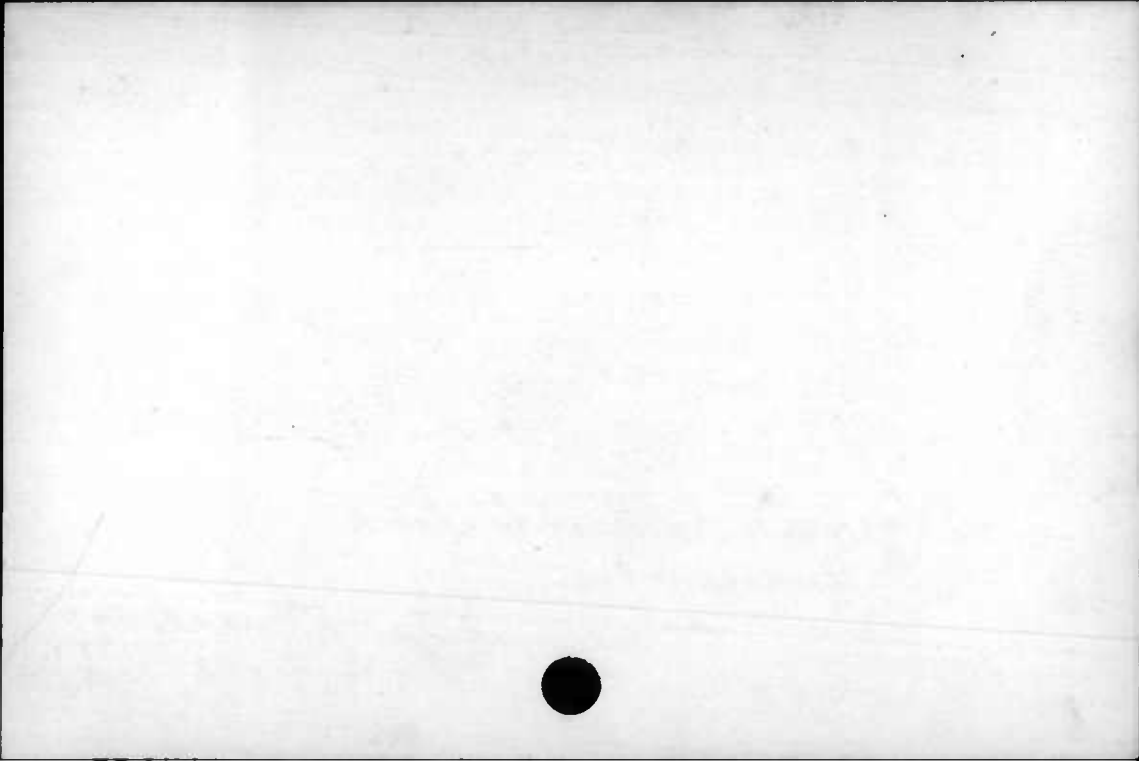
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ella Judigine</i>		Town <i>Rock Hall</i>		County <i>Kent Co.</i>		MARYLAND	
Died at <i>Rock Hall</i>		Month <i>Aug</i>		Day <i>19</i>		Age <i>1</i>	
Date of death <i>1905</i>		Months <i>1</i>		Years <i>1</i>		Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Kent Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Judigine</i>		Father's Birthplace <i>Kent Co.</i>					
Mother's Maiden Name <i>Ella Coleman</i>		Mother's Birthplace <i>Kent Co.</i>					
Name of person giving In formation <i>Joseph Judigine</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Catarrh</i>	How long <i>4 weeks</i>
Immediate <i>Cephaukhore</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter D. Hays</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name
in
Full

Carnall Custer Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Rock Hall^{County} Kent

MARYLAND

Date of death 1905 ^{Month} Aug ^{Day} 24Age ^{Years} —^{Months} 10^{Days}

Sex Male

Color or
Race

White

Birth-
place

Rock Hall Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John H Kelley

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Lyda A. Woolfhand

Mother's
Birthplace

Kent Co Md

Name of person giving
In formation

John H Kelley

How related
to deceased

Farther

CAUSES OF DEATH

Primary

Gastrointestinal Catarrh

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

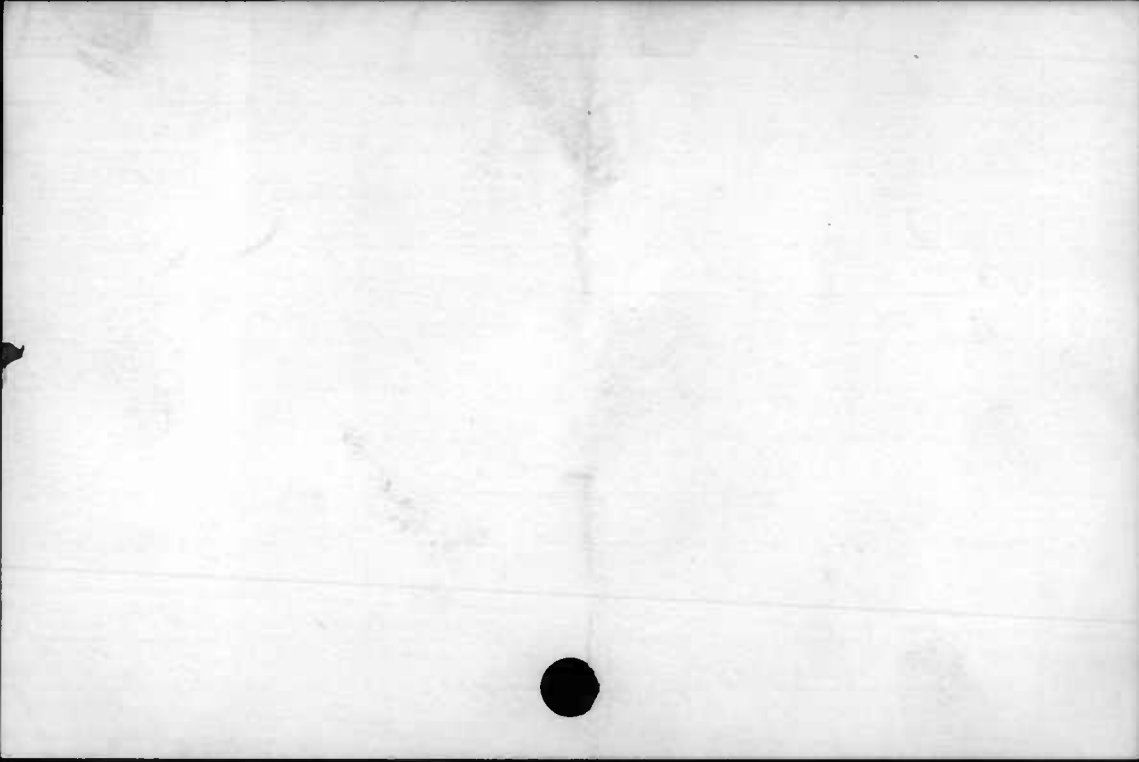
Jm H. Grubb, M.D.

Address

Rock Hall Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Maudie A Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chester town</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	^{Month} <i>Aug</i>	^{Day} <i>2</i>	^{Years} <i>29</i>	^{Months}	^{Days}
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>MD</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wesley Pinner</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Auntie Murray</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Lizzie Lindsay</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertinitis</i>	How long <i>One week</i>
Immediate <i>Collapse</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. G. Pinner</i>
	Address <i>Chester town</i>
Accident or Suicide? <i>No</i>	

In Duke Neck Cemetery
By J. E. Ferguson, Und.

Name
in
Full

Edith-Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winton Point</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>August</i>	Day <i>17</i>	Years <i>Age about 87</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Moses Phillips</i>			
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Alfred Phillips</i>			How related to deceased <i>nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>General debility</i>	<i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>Six months</i>
Signature of Physician <i>John H. Heasey</i>	Address <i>Winton Md</i>
Accident or Suicide?	

Woston Point Colored
Cemetery.
John N. Dodd
Undertaker.

Name
in
Full

Charles Benjamin Pierce

CERTIFICATE OF DEATH

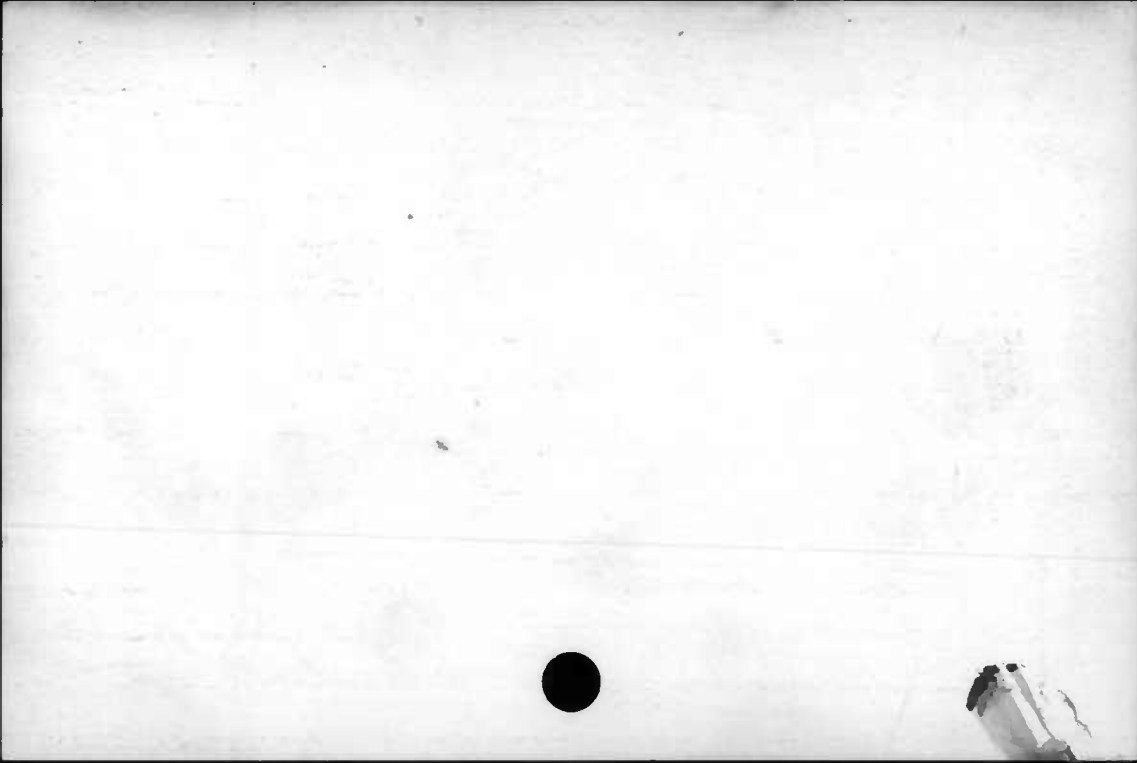
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Garrettsville</i>		County <i>Kent-</i>		MARYLAND	
Date of death		Month <i>August</i>	Day <i>14</i>	Age	Years <i>72</i>	Months <i>3</i>	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>			
Occupation <i>Farmer Truck</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Wilborn</i>					
Father's Name <i>James Pierce</i>				Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Henrietta</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Martha Wilborn</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>3 yrs.</i>
Immediate	<i>Asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank W. Smith</i>	
		Address <i>Garrettsville Md.</i>	
Accident or Suicide?			



Name
in
Full

Lawton Sumlinson Pippin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches</i> ^{Town}		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Aug</i>	Day <i>6</i>	Age <i>1</i>	Years <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Walter J Pippin</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Anna Crocker</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>W. J. Pippin</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhemia</i>	How long <i>24 hrs</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. Simpson</i>
	Address <i>Ches</i>
Accident or Suicide? <i>No</i>	

Bureau of Chester Com
etery -

Name
in
Full

CERTIFICATE OF DEATH

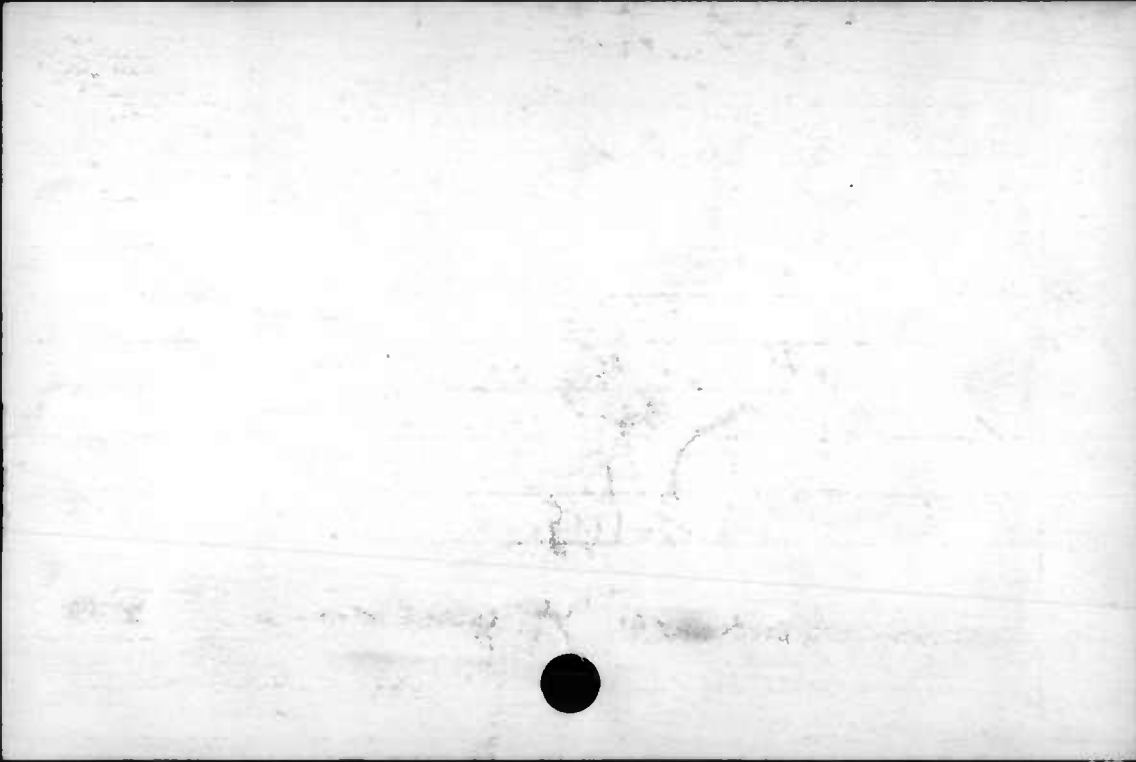
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		8	14	57			
Sex	Male	Color or Race	White	Birth-place	Del		
Occupation	Engineer		Where Residing if not at place of death		Millington		
Married, Single or Widowed	Single		Name of Wife or Husband		Jennie Price		
Father's Name	The Price		Father's Birthplace		Del		
Mother's Maiden Name	Mary Haskiday		Mother's Birthplace		Ireland		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Amnesia	How long	1 year
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. Jennings	
		Address	
		Millington Md	
Accident or Suicide?			



Name
in
Full

Samuel Spencer Rollison

CERTIFICATE OF DEATH

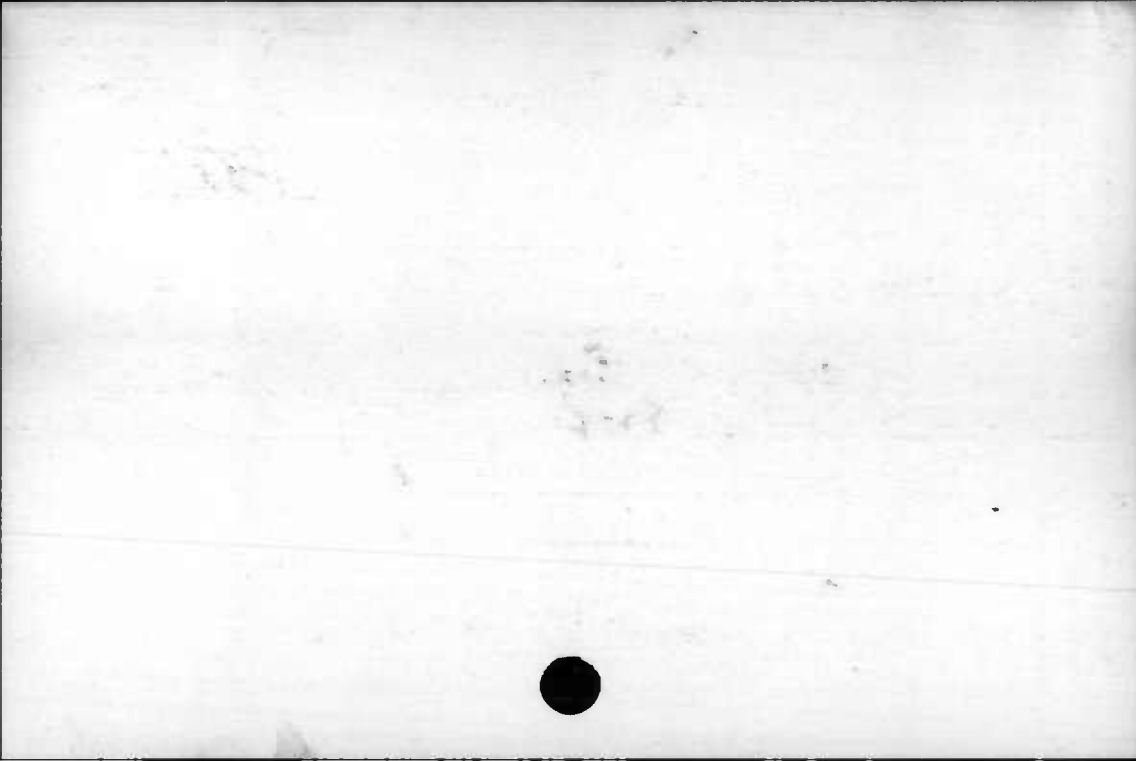
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rock Hall		^{County} Kent		MARYLAND	
Date of death	1905	Month	Aug	Day	2
Age		Years		Months	Days
16		5		26	
Sex	male	Color or Race	White		Birth-place
Occupation		Where Residing if not at place of death		Kent Co Md	
Labourer		"		"	
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	John A. Rollison		Father's Birthplace	Kent Co Md	
Mother's Maiden Name	Ellenorah Coleman		Mother's Birthplace	" "	
Name of person giving information	Ellenorah Coleman		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid & Pneumonia		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. W. Beall, M.D.	
		Address	
		[Redacted]	
Accident or Suicide?			



Name
in
Full

Garry Merv. Scott

CERTIFICATE OF DEATH

Died at State Prison ^{Town} Prich ^{County}

MARYLAND

Date of death 1905 ^{Month} Aug ^{Day} 3 ^{Years} 44 ^{Months} 0 ^{Days} 0Sex Male Color or Race Black Birth-place Ind.Occupation Cook Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

J. H. Montauk

How related to deceased

Employer

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

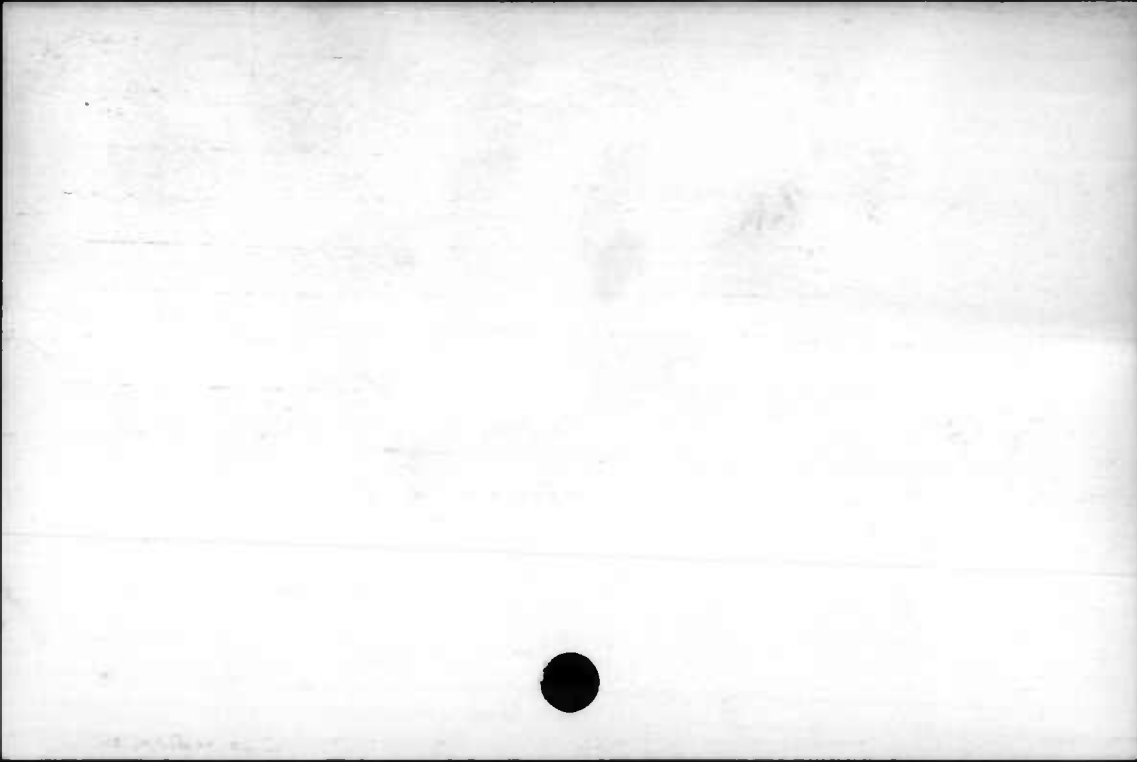
Signature of Physician

Address

J. H. Montauk
State Prison, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lilly Shaw.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Saintsville

County Kent

Date of death 1905 Aug

Day 10

Age 2

Years

Months 2 mos

Days 24

Sex female

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Shaw

Father's
Birthplace

Md.

Mother's
Maiden Name

Millie Jones

Mother's
Birthplace

Md.

Name of person giving
In formation

Alfred Jones

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Marasmus

How long

since birth,

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Wm. S. Maxwell,

Address

Still Pond Md.

Accident or Suicide?

Union. M. E. Cemetery

Name
in
Full

Still borne. Baby. 6 1/2 Mo. Simplex

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Proletaria</i> Town		County <i>Kent.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Kent Co Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Alfred Lamberson</i>			Father's Birthplace <i>Kent Co Md.</i>		
Mother's Maiden Name <i>Ida Mulford</i>			Mother's Birthplace <i>Kent Co Md.</i>		
Name of person giving information <i>Dr. Alfred Lamberson</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Borne</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Pheland</i>
	Address <i>Proletaria Md</i>
Accident or Suicide?	

In Chester Cemetery
By J. E. Ferguson, And.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Rock Hall* ^{Town} *Kent Co.* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *Aug* ^{Day} *7* ^{Years} *Age* ^{Months} *9* ^{Days} *3*

Sex *Female* Color or Race *White* Birth-place *Kent Co.*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

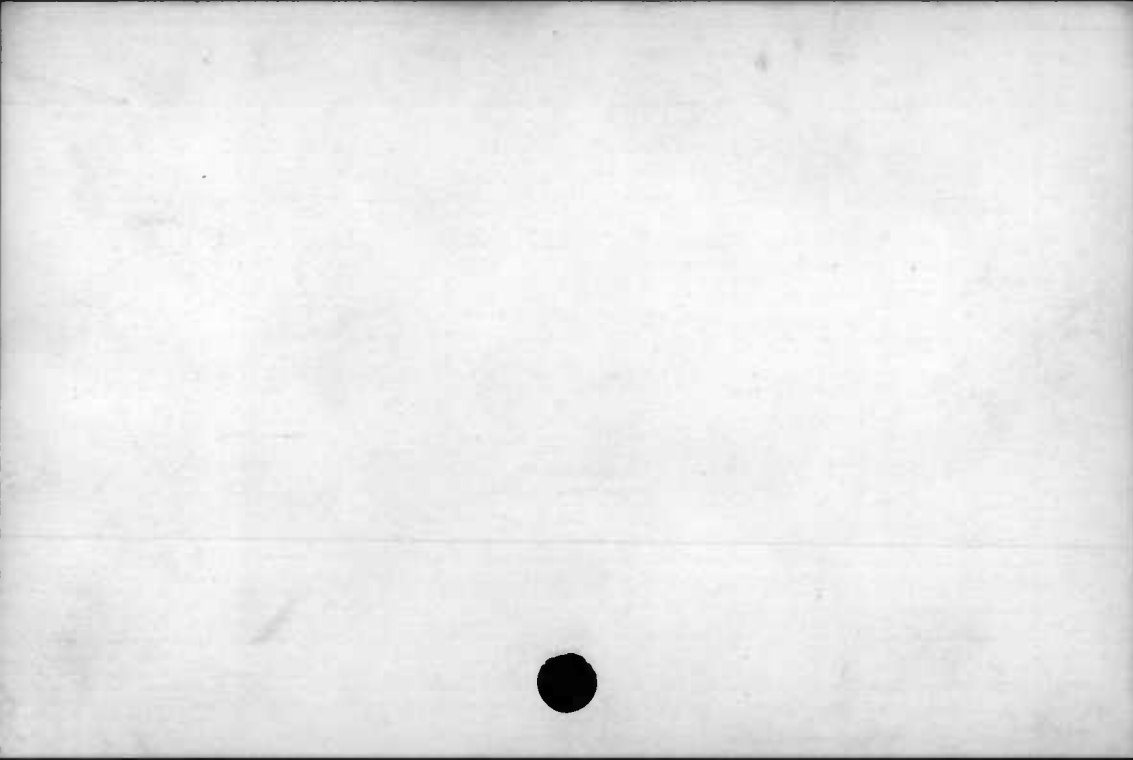
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Lussie V. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cliffs TownCounty KentDate of death 1905 May MonthDay 10Age 22 YearsMonths 11Days 10Sex FemaleColor or Race WhiteBirth-place Kent CoOccupation UnemployedWhere Residing if not at place of death Baltimore Md.Married, Single or Widowed Married

Name of Wife or Husband

Geo. E. TownsendFather's Name Moses LeggFather's Birthplace Kent CoMother's Maiden Name Emma BergerMother's Birthplace York, PaName of person giving information Moses LeggHow related to deceased Father

CAUSES OF DEATH

Primary TuberculosisHow long 10 monthsImmediate TuberculosisHow long Been ill for 1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Berger Simmons

Address

Chester town Md.Accident or Suicide? No.

Entombment at Wesley
Chapple Cemetery
John N. Dadd
Undertaker.

Name
in
Full

Edith b. Urie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>20</i>	Age <i>X</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James W. Urie</i>			Father's Birthplace		
Mother's Maiden Name <i>Dea A. Crossley</i>			Mother's Birthplace		
Name of person giving information <i>J. W. Urie</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Merasmus</i>	How long <i>4 months</i>
Immediate <i>Convulsions</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James W. Urie</i>
	Address <i>Still Pond Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Romain Wagner

Town

Died at

Edisville

County

Kent

MARYLAND

Date

of death 1905

Month

Aug

Day

15

Age

Years

Months

1

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Edisville Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel Romain Wagner

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Mary E. Beck

Mother's
Birthplace

Kent Co Md

Name of person giving
Information

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Inanition

How long

44 days

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

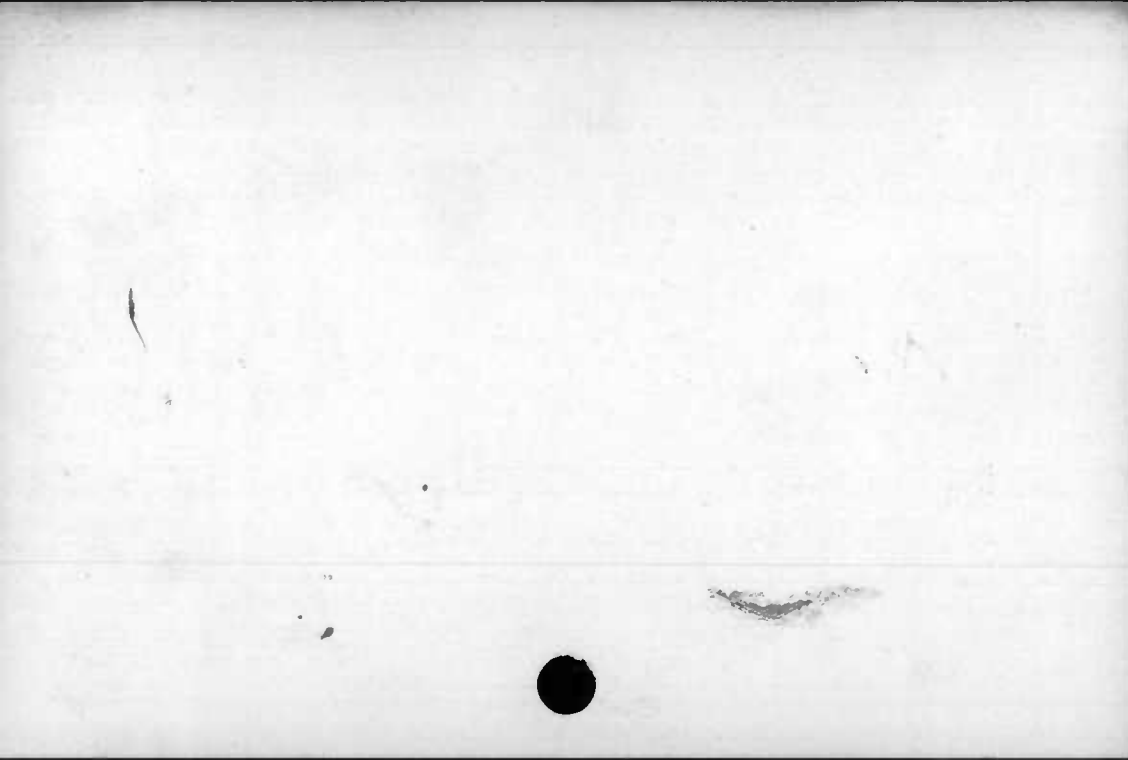
William R. Beall MD

Address

Rock Hall Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full Alexandra Walley		Town Coleman		County Hunt		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death		Month	Day	Years	Months	Days	
1905		Aug	11	44	8	—	
Sex		Color or Race		Birth-place			
Male		Colored		Md			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Annie E. Brown					
Father's Name		Father's Birthplace					
Thomas Walley		Md					
Mother's Maiden Name		Mother's Birthplace					
Sarah Riley		Md					
Name of person giving information		How related to deceased					
James O. Walley		Brother					
CAUSES OF DEATH							
Primary		How long					
Dysentery.		14		10 days.			
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes.		W. S. Maxwell.					
		Address					
		Still Pond, Md.					
Accident or Suicide?							

Union Church yd.

Name
in
Full

Male Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

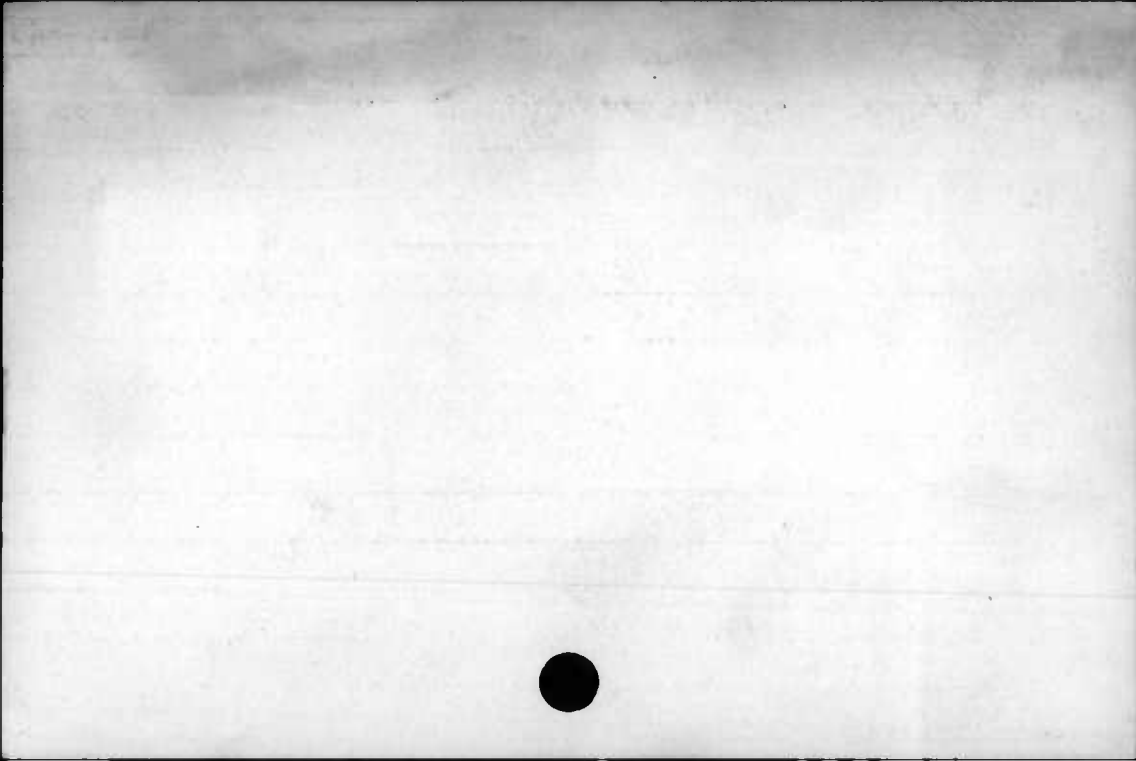
Died at		Town		County		MARYLAND	
Date of death		1905	Month	8	Day	8	Age
Sex		Female		Color or Race		Black	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John Wheeler		Father's Birthplace		Ind	
Mother's Maiden Name		Louisa Emory		Mother's Birthplace		Ind	
Name of person giving information		John Wheeler		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	71
Immediate	cause unknown	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. W. H. Jacobs	
		Address	
		Millington Ind	
Accident or Suicide?			

Name in Full		Edgar B. Whitbank				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	near <i>Salena</i>		County <i>Kent</i>		MARYLAND	
	Date of death	1900	Month <i>Aug</i>	Day <i>11</i>	Age <i>15</i>	Months <i>15</i>	Days <i>15</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		
	Occupation				Birth- place	<i>Kent Co.</i>	
					Where Residing if not at place of death		
	Married Single or Widowed			Name of Wife or Husband			
	Father's Name			<i>Samuel T. Whitbank</i>		Father's Birthplace <i>Calvert Co.</i>	
Mother's Maiden Name			<i>Hester A. Register</i>		Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving In formation			<i>Hester A. Register</i>		How related to deceased <i>Mother</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Cholera Intestinal</i>				How long	<i>36 hrs</i>
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<i>Edward A. Scott</i>	
					Address	<i>Salena Maryland.</i>	
	Accident or Suicide?						



Certificate of Death

Stanley Thetbank

Died at *Mac* Town *Exeter*

County Rich

MARYLAND

Date 19 <i>05</i>	Month <i>Aug</i>	Day <i>10th</i>	Y.	M.	D. <i>20</i>	Native of <i>Kent Co</i>	Occupation
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widow	Number of children living	

Husband of
Wife

Father's Name *Sam. J. Wiltbank*

Mother's
Maiden Name *Hester A. Regester*

Cause of	Primary	<i>Cholera Infantum</i>	How long sick	<i>5 days</i>
Death	Immediate		<i>105</i>	Accident, Suicide, Homicide

Reported by *William A. Scott, M.D.*
Address *Galena, Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

